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BRIXWORTH RURAL  
DISTRICT COUNCIL

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ANNUAL  
REPORT



OF THE

MEDICAL OFFICER  
OF HEALTH

FOR THE

YEAR 1960

JOAN M. ST. V. DAWKINS  
M.B., B.S., D.P.H., D.C.H.



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JOAN M. ST. V. DAWKINS  
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Telephone  
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Council Offices,  
Brixworth,  
Northampton.

TO THE CHAIRMAN AND MEMBERS OF THE  
BRIXWORTH RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my fifth Annual Report as Medical Officer of Health, incorporating that of the Public Health Inspector.

Once a year the Medical Officer of Health presents an assessment of the health of the community. This cannot be estimated alone from statistical information. The deaths consist mainly of a degenerative and neoplastic character and are largely from older age groups indicating that people are living longer. Whether the added years are happier, more productive and free from intercurrent illness can only be surmised.

There is little possibility now of the death of the bread winner from pneumonia or tuberculosis, less possibility of the mother losing her infant babe, and practically none of the mother dying in childbirth. Children and youths have never been healthier. There remains, however, the spectre of the high road taking his indiscriminate toll and leaving many maimed. Many die particularly the very young and aged, from accidents in the home. There is an increasing incidence of coronary artery disease, particularly among the more productive and responsible of the male population, and the incidence of cancer of the lung continues to rise.

The causes of some crippling diseases continue to remain obscure, among which are the rheumatic diseases, diabetes, of which many suffer needlessly because of late diagnosis, neurosis and mental illness and the cancers. Thus, though some diseases may not be avoided, increasingly in these days of comparative affluence, an individual's health may depend on his own rectitude and good sense. In this category is the acceptance of preventive procedures for his children, the prevention of accidents in the home and on the road, the taking of regular exercise, and the avoidance of excesses of diet, alcohol and tobacco. Finally a tolerance and benign attitude to life and labour may assist in the prevention of much mental ill health, which is still far too prevalent.



The vital statistics for the year 1960 show that there were 229 deaths, 15 more than last year. This gives a standardised rate of 9.4 compared with the national figure of 11.5. Female deaths exceeded male deaths by 31. Details and comments on the causes of death are on pages 10 and 11.

The total number of births was 310 showing an increase of 22 on last years figure of 288, of which 11 were illegitimate, three more than last year. There were 2 infant deaths compared with 5 last year, of which 1 was under one week of age. The infant death rate has again fallen to 9.68 from 13.9 last year, and is well below the national figure of 21.7.

There was a decline in infectious disease notifications, falling from 228 to 61 due to the biennial incidence of measles. Notifications fell from 159 to 13 cases. There was once again no poliomyelitis. 13 cases of dysentery were notified. Three cases of food poisoning are reported - all cases were mild.

The respiratory infections, apart from tuberculosis, once the great killer and now largely controlled, still give considerable cause for disquiet and remain the commonest group of illnesses in the community. They are a cause of much ill health and in some finally of death. Influenza and bronchitis are the two most frequent causes of incapacity for work.

This year 8 people died from pneumonia, and 6 from bronchitis, while from tuberculosis there was only 1 death. There were no deaths from influenza.

The County Council introduced the triple vaccination which includes diphtheria, whooping cough and tetanus (lock-jaw) immunisation. There has been a slight fall in total primary diphtheria immunisations, but a considerable increase of from 112 to 274 booster injections. Again this year large numbers have been vaccinated for poliomyelitis and there has been a slight increase in smallpox vaccinations. The public response to all these immunisation procedures should be a hundred per cent, and once again I stress the need to keep a high percentage of the population immunised. There have been small outbreaks of diphtheria in other parts of the country and almost all cases were either not immunised or had failed to accept booster immunisation. Smallpox may be introduced into a community at any time by air transport, and the higher the number of susceptibles present so risk of infection increases.

Good progress continued to be made with the provision of new sewerage and sewage disposal schemes, and those at Lamport and Hanging Houghton and Ravensthorpe were completed.

Housing development continued in a satisfactory manner. One pair of old peoples bungalows were erected at Cold Ashby during the year, and a further three pairs were in course of construction at Moulton.

Private enterprise produced 96 houses (34 more than in 1959) making the total since the war 942. A further 69 houses were being erected at the end of 1960.

Improvement grants were made on 24 properties, as compared with 34 in 1959. During the year "Standard Grants" were made in respect of 24 properties.

In conclusion, thanks are expressed to all members of the staff who contributed in any way towards the compilation of this report, in particular, to those of the Public Health Department, also the Chairman and Members of the Public Health and Housing Committee for their interest and encouragement during the year under review. Appreciation is also expressed for the information on immunological measures supplied by the County Medical Officer of Health.

I have the honour to be,

Your obedient Servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

# BRIXWORTH RURAL DISTRICT COUNCIL

## MEMBERS OF THE PUBLIC HEALTH COMMITTEE WHO SERVED DURING THE COURSE OF THE YEAR.

Mr. E.T. Gardner (Chairman)	Mr. A.S. Tarrant (Deputy Chairman until October 1960)
	Mr. J.R. Hart (Deputy Chairman from November 1960)
Mr. O.E.P. Wyatt, M.C., J.P. (Chairman of the Council)	Alderman C.M. Newton, M.B.E. (Vice-Chairman of the Council).
Mr. P.L. Battle	Capt. G.H. Lowther
Mrs. V.G. Borwick	Mrs. W. Mahon
Mrs. W.S. Cowling	Mr. B.V. Morris
Mr. E.P. Cowling	Mr. T.R. Pegram
Mr. R.H. Dickins	Mr. E.A. Turney
Mr. C.H. Gravely	Mr. J.G. Wearing
Mrs. V.C. Harris	Mr. W.R.M. Webster
Mr. W.A. Holland	Mr. W. Wood



PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer of Health:

JOAN M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H.,

also holds appointments of

Medical Officer of Health, Daventry Rural District Council, Daventry Borough Council, Assistant County Medical Officer of Health, and School Medical Officer.

Senior Public Health Inspector:

F. A. RUSSELL, F.F.S., M.R.S.H., M.A.P.H.I.

Assistant Public Health Inspector:

R. S. LINLEY.

# SUMMARY OF VITAL STATISTICS.

Area (in acres)	...	82,944
Population (est.)	...	19,470
Number of separate dwellings		6,254
Rateable Value 1960	...	£249,221
Product of a Penny Rate	...	£1,003

<u>LIVE BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000 estimated</u>	<u>Rate for Northamp-tonshire</u>	<u>Rate for England and Wales</u>
Legitimate	154	145	299			
Illegitimate	5	6	11			
	<u>159</u>	<u>151</u>	<u>310</u>	15.92	17.7	17.1

<u>STILL BIRTHS</u>	<u>Rate per 1000 Live and Still Births</u>
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Legitimate	3	-	3			
Illegitimate	1	-	1	12.90	16.32	19.7

## TOTAL LIVE AND STILL BIRTHS

Legitimate	157	145	302
Illegitimate	6	6	12

## INFANT DEATHS

Deaths under 1 year per 1000 live births.

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000 Live Births</u>	<u>Rate for Northamp-tonshire</u>	<u>Rate for England and Wales</u>
Legitimate	2	-	2	6.45	22.57	21.7
Illegitimate	-	-	-	Nil		

## NEONATAL DEATHS

Legitimate	1	-	1	3.23		
Illegitimate	-	-	-			15.6

## DEATHS OF INFANTS UNDER ONE WEEK

	-	-	-
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Illegitimate Live Births per cent of total live births -

3.55%

Maternal Mortality (including abortion)

NIL

" " per 1000 live and stillbirths

NIL

.39

## DEATHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000 Popu-lation</u>	<u>Rate for Northamp-tonshire</u>	<u>Rate for England and Wales</u>
	99	130	229	11.76	10.88	11.5

TABULATED SUMMARY FOR PREVIOUS YEARS

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>			
		No.	Crude Rate	<u>Under 1 year</u>		<u>All Ages</u>	
				No.	Rate	No.	Crude Rate
1950	17240	265	15.37	5	19.00	201	11.66
1951	17730	291	16.41	9	30.93	191	10.72
1952	17840	263	14.78	6	22.81	156	8.74
1953	17990	267	14.88	11	41.19	235	13.06
1954	18300	266	14.51	4	15.03	257	14.04
1955	18440	276	14.96	5	18.11	270	14.64
1956	18620	260	13.96	6	23.08	220	11.82
1957	18860	262	13.89	7	26.72	240	12.72
1958	19170	303	15.80	5	15.10	226	11.80
1959	19270	283	14.94	3	10.4	214	11.11
1960	19470	310	15.92	2	6.45	229	11.76





## SECTION A.

### NATURAL AND SOCIAL CONDITIONS.

The Rural District is centrally situated in the County of Northamptonshire, extending in the south from the County Borough of Northampton to the Leicestershire border in the north. The character of the area is largely rural and the main industry is agriculture. A few light industries are scattered throughout the district. Open cast iron workings are present in the vicinity of Pitsford and Brixworth.

The district presents a picture of largely unspoilt rural country, with many woods, set in an undulating countryside enlivened by the stretches of water of the reservoirs, which are characteristic of the area.

POPULATION. The Registrar General estimated the population for the mid-year 1960 to be 19470, an increase of 200 over the previous year. The natural increase in population, the excess of births over deaths, was 81.

DEATHS. The total number of deaths assigned to the District for the year was 229 compared with 214 in 1959. The crude death rate based on the mid-year population was 11.76 compared with 11.11 in the previous year. The following table has been compiled for comparison with the four previous years :-

<u>Years</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded</u>
1956	220	104	116	11.82
1957	240	88	152	12.72
1958	226	98	128	11.8
1959	214	98	116	11.11
1960	229	99	130	11.76

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as .80 for this District. In addition the area comparability factors have been adjusted specifically to take account of the presence of any residential institutions in the area. There are a number of institutions in this area for old people and this adjustment is therefore very necessary in order to obtain a true picture of the area mortality.

The Standardised Death Rate, therefore, is 9.4 and well below the figure of 11.5 for England and Wales.

## Causes of Death.

The causes of death are shewn in the statistical table on page 12 and are classified under thirty six headings, based on the abbreviated list of the International, Statistical Classification of Diseases, Injuries and Causes of Death 1948, as used for England and Wales.

The vital statistics for the year show that there were 229 deaths, 15 more than last year. This gives a standardised rate of 9.4 compared with the national figure of 11.5. Female deaths again exceeded male deaths by 18. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 131 of which 41 died from coronary disease alone, while 41 died from other heart disease, a further 34 from vascular lesions of the nervous system, and 5 from hypertension.

Disease of the heart and circulation constitute therefore more than one half of the total deaths. Cancer remains again the second cause of death, taking this year 41 persons, an increase of 9 on last year. 11 died (9 males and 2 females) from cancer of the lung, an increase of 3 on last year. Disease of the heart and circulation together with cancer cause in the district over 70% of the total deaths.

The trend of principal causes of death continues therefore towards the mainly degenerative and neoplastic conditions and away from infectious disease, now largely controlled by the wide number of antibiotic and other drugs. It must be remembered however that arterial disease may attack early, often in males in the prime of life, as evidenced by the mounting toll of deaths from coronary disease, and now each year deaths from cancer of the lung increases.

There is also an increase in male deaths between the ages of 15 and 24 almost entirely the result of motor vehicle accidents. As many die from accidents in the home as on the roads, mostly in the very young and the aged, nearly all of which could have been prevented.

The causes of arterial disease still elude us. The disease is mainly one of degeneration, but this process may arise earlier in some than others. There may be a strong hereditary factor, but the decline of the taking of physical exercise due to the introduction of the internal combustion engine, the over civilisation of our diet, the increasing stress and frustration of

modern life may all be factors in the early incidence of the disease in some. Man no longer labours to grow his own food, for many it comes too easily and in too great a quantity. It has been said that modern man may be "digging his own grave with his teeth".

The genesis of the neoplastic conditions remain also unsolved. Cancer education and the recognition of early symptoms with their prompt diagnosis and treatment may however save many lives.

The respiratory infections still take their toll, though less than formerly. The great majority of deaths from pneumonia are in those whose health is undermined by other causes and is as such only a terminal event.



# M O R T A L I T Y      T A B L E.

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	1	1
3. Syphilitic disease	-	-	-
4. Diphtheria ..	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles ..	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	5	1	6
11. Malignant neoplasm, lungs, bronchus ..	9	2	11
12. Malignant neoplasm, breast	-	4	4
13. Malignant neoplasm, uterus	-	2	2
14. Other malignant and lymphatic neoplasms	8	10	18
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes ..	-	1	1
17. Vascular lesions of nervous system ..	3	31	34
18. Coronary disease, angina	26	15	41
19. Hypertension with heart disease ..	2	3	5
20. Other heart disease	13	28	41
21. Other circulatory disease	2	8	10
22. Influenza ..	-	-	-
23. Pneumonia ..	6	2	8
24. Bronchitis	3	3	6
25. Other diseases of respiratory system ..	4	-	4
26. Ulcer of stomach and duodenum	-	2	2
27. Gastritis, enteritis and diarrhoea ..	-	2	2
28. Nephritis and nephrosis	2	2	4
29. Hyperplasia of prostate	3	-	3
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	3	-	3
32. Other defined and ill-defined diseases ..	6	10	16
33. Motor vehicle accidents	1	-	1
34. All other accidents	1	3	4
35. Suicide ..	2	-	2
36. Homicide and operations of war	-	-	-
	<u>99</u>	<u>130</u>	<u>229</u>



### Associated Mortality Statistics:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
STILL BIRTHS ..	3	1	4
DEATHS of infants under 1 year	2	-	2
DEATHS of infants under 4 weeks (included in previous figure)	1	-	1

BIRTHS. The number of live births was 310, compared with 288 in 1959. The rate per thousand of the population was 15.92. Applying the Registrar General's Area Comparability Factor for births (1.04) to this figure the Standardized Birth Rate obtained for this district - 16.5 compared with 17.1 for England and Wales.

STILL BIRTHS. The number of still births during 1960 was 4 (4 males). The resultant rate for the district is 12.90 which is less than the rate of 19.7 for England and Wales. The rates for the past five years are given in the following table (per 1,000 live and still births) by way of comparison.

#### STILL BIRTH RATE.

<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
19.23	30.55	13.08	13.7	12.90

ILLEGITIMATE BIRTHS. There were 11 illegitimate births assigned to the district during the year (5 males and 6 females), compared with 8 in 1959. Shown as a proportion of the total number of live births this represents 2.8 per cent.

MATERNAL MORTALITY. No deaths associated with pregnancy or childbirth were recorded during the year.

INFANT MORTALITY. The number of infants who died before reaching their first birthday was 2 (2 males), one less than in 1959. The resultant rate of 6.45 compares favourably with 21.7 for England and Wales.

#### DEATH RATE UNDER 1 YEAR PER 1,000 LIVE BIRTHS.

<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>
23.07	26.72	15.1	10.4	6.45

NEONATAL DEATH RATE. The number of infants who failed to survive for 4 weeks after birth was 1 (male). This gives a rate per 1,000 live births of 3.23 or 0.32 per cent. This is very much lower than the rate of 15.6 for England and Wales.

The Registrar General gives a further sub-division, in his returns this year, of deaths of infants under one week of age. There were no deaths in this group.

These deaths are included in the Infant Mortality Rate.

TABLE OF CAUSES OF INFANT DEATHS.

	<u>Neonatal.</u>	<u>1 - 12</u> <u>months.</u>
Congenital Heart Disease	1	
Cardio-respiratory failure		
Toxaemia		1
Infection of respiratory tract (2 months)		

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES.

LABORATORY SERVICE. Laboratory work in connection with the diagnosis and control of infectious diseases is carried out at the Emergency Public Health Laboratory in Northampton under Dr. Hoyle, and is free of cost to the local authority. An efficient and helpful service is always provided, and we thank Dr. Hoyle for constant co-operation.

INFANT WELFARE CENTRES. The following centres are held at the places and dates indicated. Your Medical Officer of Health is in attendance in her capacity as Assistant County Medical Officer.

BRIXWORTH INFANT WELFARE -

3rd. Friday each month at Village Hall.

WELFORD INFANT WELFARE -

4th Thursday each month at Village Hall.

BOUGHTON INFANT WELFARE -

2nd Wednesday each month at Boughton Institute.

MOULTON INFANT WELFARE -

1st Tuesday each month at Manfield Hall.

SPRATTON INFANT WELFARE -

4th Tuesday each month at Women's Institute.

AMBULANCE SERVICE.

General medical and surgical cases are removed by the County Ambulance Service, under the control of the County Council. Infectious diseases cases are also removed under the same arrangements.

NURSING IN THE HOME. The Services of District Nurses, Mid-wives and Health Visitors are provided by the County Council, and the area is well covered. The Home Help Service is also provided by the County Council and is usually made through the direction and recommendation of the District Nurse. This is a very necessary service, and affords considerable benefit to the Community, particularly in this area in the care of old people, who can remain comfortably at home, and who, without this help would be in Institutions.



GENERAL HOSPITAL ACCOMMODATION. The Oxford Regional Hospital Board is responsible for the provision of hospitals and out patient clinics.

All medical, surgical and paediatric cases are treated at Northampton General Hospital.

Maternity and gynaecological cases are treated at the Barratt Hospital, which forms part of the General Hospital.

Accident and orthopaedic cases are treated at the General Hospital, and the latter also at the Manfield Hospital, Northampton.

Two Geriatric Units for old ladies are situated at Pitsford within this district.

ISOLATION HOSPITAL. Cases of Infectious Disease which require isolation are treated at the Harborough Road Isolation Hospital, Northampton, which comes under the administration of the Oxford Regional Hospital Board. Cases of tuberculosis are treated at Creaton Hospital.

WELFARE OF OLD PEOPLE. National Assistance Act 1948. section 47 and National Assistance (Amendment) Act, 1951.

Under this section the Council is responsible for the removal to suitable premises of persons needing care and attention. It was necessary to remove one old lady. She was a widow living alone and had refused any assistance in her home. She became incapable of looking after herself and was both dirty and undernourished. Early one morning she fell across her fire and sustained minor burns. It was felt imperative to move her to hospital as she also had some bronchitis. We had considerable difficulty in persuading her to go to hospital and she cried bitterly, the reason being, mainly, that she was ashamed of her dirty condition. The evening of her admission to hospital after a bath and a good meal she was smiling happily and throughout her time in hospital she was very happy and continually stated how she wished she had come in earlier. She died after some months as her condition had been very poor on admission. Though she showed considerable initial improvement she gradually deteriorated. It is often a fear of the unknown that deters these old people from agreeing to go into hospital, and once they are there, they are usually very content. We are fortunate in this district in having two comfortable country houses at Pitsford as hospitals for old ladies. We have no accommodation in the district for males who have either to go to St. Edmunds Hospital, Northampton, or to Danetre Hospital, Daventry.



## SERVICES FOR OLD PEOPLE.

The following provide services for old people:-

### 1. The National Health Service.

(a) General Practitioner Service.

(b) Hospital and Specialist Services including the Almoner Service, in this district there are two geriatric hospitals for old ladies at Pitsford.

### 2. The County Council.

(a) The Health Department.

1. District Nurses.

2. Health Visitors.

3. Home Helps.

4. Chiropody Service.

5. Certain home equipment where necessary.

(b) The Welfare Department.

1. Part III accommodation and homes. There are none in this District.

2. Special services for blind etc., and home fittings where necessary.

### 3. The National Assistance Board.

Financial help where necessary.

### 4. The District Council.

Homes for the aged, flats and in some cases flatlets with warden supervision.

### 5. Voluntary Organisations.

These are many and services vary in different areas. They include holiday schemes in which old people are taken on seaside holidays in off season times. The Darby and Joan Clubs, "Meals on Wheels" Service, and Home Visiting. The Womens Voluntary Service very often undertake many of the

above duties, while in other areas local voluntary Committees run the various organisations. The Rural Communities Council together with the Old Peoples Welfare Committee provide co-operation between the various services.

Your Medical Officer of Health having a special interest in the welfare of the aged and by virtue of her appointment both to the District and the County Council and by her relationship with other Medical colleagues endeavours to fulfil the function of co-operation and co-ordination between these many agencies. Many cases of breakdown can be prevented by early application of these services.

Voluntary organisations have also requested that your Medical Officer should give lectures and talks and each invitation is accepted and fulfilled

## SECTION C.

### SANITARY CIRCUMSTANCES OF THE DISTRICT.

#### WATER SUPPLIES.

All responsibility for water undertaking throughout the entire Rural District is now vested in the Mid-Northamptonshire Water Board. The source of supply for the Board is Pitsford Reservoir which has a capacity of about 4,000 million gallons. Treatment of water consists of softening, filtration and finally chlorination. There is no plumbo solvency.

The following figures are supplied by the Mid-Northamptonshire Water Board :-

Bacteriological samples taken in Brixworth	
Rural District ..	62
Chemical analyses at Treatment Works	36
Bacteriological samples taken at	
Treatment Works ..	1,028

Unfortunately no figures are readily available for the number of houses supplied (a) direct from the mains, and (b) by standpipes.

#### PRIVATE SUPPLIES.

4 samples were taken during the year and submitted for analysis, and one unsatisfactory supply was found. This was rectified.

#### SEWERAGE AND SEWAGE DISPOSAL.

Satisfactory progress was again maintained, and work was completed during the year on the schemes for Lamport, Hanging Houghton and Ravensthorpe. This brings the number of schemes completed to 26, and the following is a list of parishes now re-sewered - Boughton, Church Brampton, Chapel Brampton, Clipston, Cold Ashby, Draughton, East Farndon, East Haddon, Great Oxendon, Hamington, Harlestone, Holcot, Lamport, Hanging Houghton, Maidwell, Moulton, Naseby, Old, Overstone, Pitsford, Ravensthorpe, Scaldwell, Sibbertoft, Spratton, Walgrave and Welford.

At the end of the year consent had been received from the Minister of Housing & Local Government to go to tender for the proposed new scheme for Brixworth.

A public local inquiry had also been held at the Council Offices into the proposals for the re-sewering of Creaton and Cottesbrooke, and the Minister's decision was awaited.



DISINFECTION. Concurrent and terminal disinfection by means of gaseous liquid disinfectants is carried out in homes where certain infectious diseases are notified. In the course of the year a number of requests for disinfection of premises were received and dealt with.

DISINFESTATION. This service is carried out on behalf of the Council at the request of owners or tenants of houses complaining of the presence of vermin. No such action was necessary during 1960. (This includes the eradication of bed bugs).

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year the existing staff proved adequate to discharge the Council's responsibilities under the Act; no major rat infestations occurred on the Council's properties throughout the period under review. Refuse tips are treated regularly throughout the year.

MOVEABLE DWELLINGS - PUBLIC HEALTH ACT, 1936. SECTION 26. AND THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960.

One licence was granted by the Council during the year.

The new Caravan Sites Act came into operation during August, 1960. The object of the new legislation being to control the caravan sites so as to prevent their being located in unsuitable places and also to impose conditions on sites.

As a result a new code of requirements was drawn up by the Public Health Committee and these became operative on all the sites where caravans were in use. The overall effect of this new Act should be to bring about a more uniform set of conditions for sites throughout the country, thus obviating confusion between manufacturers, caravan occupiers, owners of sites and local authorities, as to what may or may not constitute a satisfactory caravan site.

SCAVENGING. Refuse has been collected weekly throughout the District since April, 1960.



## S E C T I O N   D .

### H O U S I N G .

#### Housing Act, 1957.

No. of permanent dwellings in area	6254
Estimated number of houses unfit for human habitation according to Sec.16 of the Act and suitable for action under Secs.17 & 42 of the Housing Act 1957 ..	306
Period of years for demolition of such	1
No. of houses for inclusion in Clearance Areas ..	191
No. of houses already covered by Clearance Orders ..	3
No. of houses for individual demolition	112

It is of interest to note that, for the purposes of the report, the total number of unfit houses revealed by the original survey, plus subsequent additions is 930 but by the time the report had been prepared 287 of these had been sufficiently improved to merit upgrading, whilst a further 337 had been demolished.

The usual work of the Council under the Housing and Public Health Acts continued, and the details are set out in tabular form below and on page 39.

#### Housing Act, 1957. Section 17.

1. No. of unfit houses represented ..	16
2. No. of Demolition Orders made ..	16
3. No. of houses demolished ..	30
4. No. of persons affected ..	2

#### Housing Act, 1957. Section 42.

1. No. of Clearance Orders made ..	Nil
2. No. of houses included in Area ..	Nil
3. No. of houses demolished ..	Nil
4. No. of persons affected ..	Nil

#### Other associated housing statistics.

1. No. of undertakings received ..	6
2. No. of unfit houses upgraded ..	12

From these details it will be observed that the total number of unfit houses throughout the district declined by 38 during the year, either through improvements or demolition, whilst a further 6 came under control by means of undertakings from the respective owners not to re-let after vacation until made fit for human habitation.

#### SUMMARY OF PROGRESS IN HOUSING SINCE INITIAL SURVEY IN 1945.

As during the year the Council approached the final stages of their Slum Clearance Programme, a brief review of their progress under this heading since the initial survey made in 1945, under the Hobhouse Report, may not be out of place in this Report. The original survey revealed a total of 875 houses not repairable at reasonable cost. During the years, and up to the end of 1960, routine inspections have added a further 55, making a total of 930 unfit houses which have had to be dealt with.

A re-survey in 1953 showed that although emphasis up to this stage had been placed on the building of houses for general needs, some progress in slum clearance had been made. 334 houses had been dealt with, 224 by Demolition Orders, Clearance Orders, or Undertakings, whilst 110 had been upgraded. This survey also showed that the balance of 541 on the original survey figure of 875, were more than half of them occupied by elderly people, and in the majority of these cases the occupants had reached the age when it would perhaps be unreasonable to move them and in any case, most of these elderly people would prefer to stay where they were for their remaining years. It was then at this stage that the Council decided, where possible, to obtain undertakings from the owners of these properties, not to re-let them when vacated, and when so vacant to deal further with them.

By 1957 the building of new houses for general needs was practically completed in the district, and the Council were then able to make a start in building for slum clearance re-housing, and during the succeeding years 48 houses were built for this purpose, so that at the time of writing this Report there are practically no families remaining in Category V. houses, such sub-standard houses which are occupied being tenanted by single elderly persons and old couples.

## SURVEY OF OLD PEOPLE LIVING IN SLUM PROPERTY.

A survey was made to assess the need of old persons who were living in Category V property for rehousing in bungalows. Your Medical Officer together with the Assistant Public Health Inspector visited in all 192 properties. In the great majority of cases it was found that the occupants had reached the age when it would perhaps be unreasonable to move them particularly as it was felt that most in this category would probably prefer to stay where they were for their remaining years. In most cases it was found that the houses would meet the requirements. It was finally recommended that six bungalows should be built at Moulton (two having been completed at Cold Ashby), and that the remaining people should be rehoused from casual vacancies. It is probable that a further assessment will have to be made at a later date as the number of old people in the community is steadily increasing each year.

At the end of the year under review a summary of the position is as follows :-

No. dealt with by Undertakings	252
No. dealt with by Demolition Order or Clearance Order	} 359
No. repaired by owners and up-graded	
	} 287
No. remaining to be dealt with	32

From these figures it will be seen that only 32, slightly less than one per parish remains to be dealt with. A very satisfactory position. Of those dealt with by Undertakings, Demolition Orders and Clearance Orders, 127 remain standing but are unoccupied. The majority of these will in due time be demolished, but usually they are situated in groups with other occupied Category V. properties, and demolition cannot take place until all are vacated.

The only other comment that I would make is that of the 287 upgraded, 66 of these have been done with the help of Improvement Grants at a total cost to public funds of £13,772. 10. Od. A very favourable investment when set against the alternative of 65 Council Houses.







## S E C T I O N     E.

### INSPECTION AND SUPERVISION OF FOOD.

#### THE MILK AND DAIRIES (GENERAL) REGULATIONS, 1959.

The above Regulations made jointly by the Minister of Agriculture, Fisheries and Food and the Minister of Health, came into operation on 8th March, 1959, and brought earlier regulations into line with modern methods of milk production. They simplified much of the existing procedure, making it easier for milk to be produced, handled and distributed under up to date hygienic conditions.

The enforcement of the Regulations is the responsibility of the Minister of Agriculture, Fisheries and Food and (as regards milk distribution and infected milk) by the Local Authority.

On November 25th, 1957, the Rural District became a Specified Area for the sale of milk, as a result of which no milk which has not been tuberculin tested, pasteurised or sterilized may be sold in the area.

#### FOOD AND DRUGS ACT, 1938 - CLEAN FOOD.

DAIRIES. There are three registered dairies in the District, and during the year a satisfactory standard of cleanliness was maintained therein.

FOOD PREMISES. There are 86 food premises in the District, the total number being made up as follows:- 66 shops, 2 cafes, 13 butchers shops and 5 bakeries.

CONDEMNED FOOD. Condemned food is disposed of in one of two ways, i.e. tinned food is buried at one of the Council's refuse tips, and unsound meat is sent to The Pytchley Hunt Kennels.

ICE CREAM. Most retailers are still selling pre-packed varieties only, but with the introduction of the Food Hygiene Regulations 1955, it is now possible to register premises for the sale of both completely wrapped and partly wrapped products.

#### FOOD HYGIENE REGULATIONS, 1955.

During the year efforts have been made to improve further the general standard of Food Hygiene throughout the District. In spite of the difficulties involved it can fairly be stated

that the majority of food traders are endeavouring to attain satisfactory standards. 56 visits were paid to food premises under the Food Hygiene Regulations.

Samples taken in the Brixworth Rural District during the year, 1960, by the County Council.

Milk	..	75	Brought forward	96
Cream	..	2	Lard	.. 1
Butter	..	2	Meat Paste	1
Cheese	..	1	Fish Paste	1
Sweets	..	2	Sausages	.. 4
Spirits	..	2	Soothing powders	1
Ice cream	..	1	Halibut oil	1
Margarine	..	1	Tinned meat	1
Soft drinks		3	Potatoes	.. 1
Jams and marmalade		5	Vinegar	.. 2
Jelly	..	<u>2</u>		
Carried forward		96	Total	<u>109</u>

#### Remarks.

Two samples of milk were reported to be below standard in fat but in each case follow-up samples showed the milk to be of poor quality as genuinely produced by the herd. No legal action was possible but the producers of the milk were advised of the position.

One sample of apple juice, claimed as being "rich in natural vitamin C", was found to contain a satisfactory proportion of ascorbic acid but the amount was not stated on the label as required by the Labelling of Food Order. The manufacturer's attention was drawn to this requirement.

All the remaining samples were satisfactory in every respect.

#### SALE OF FOOD (WEIGHTS AND MEASURES) ACT, 1926. LABELLING OF FOOD ORDER, 1953.

3,035 articles of food were checked for weight or measure during the year. Once again the very small number of 11 articles were found to be slightly deficient and none called for further action.

## SLAUGHTERHOUSES.

At the beginning of the year eight slaughterhouses were licensed, but only five were re-licensed during the year. Four of these five are likely to be brought up to the standard required by the Slaughterhouses Act, 1958.

The report required under section 3(1) of the Slaughterhouses Act, 1958, was submitted to the Ministry early this year.

The Ministry of Agriculture, Fisheries and Food accepted this report, and fixed 1st October, 1961, as the date from which all the slaughterhouses in this District must comply with the Slaughterhouse (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.



## MEAT INSPECTION.

Inspection of meat was maintained at 100%, and findings are recorded below in a table based on that suggested by the Ministry of Health.

### Carcases and Offal inspected and condemned in whole or in part.

	Cattle	Calves	Sheep and Lambs	Pigs
Number killed (if known)	263	3	3176	142
Number inspected	263	3	3176	142
<u>All diseases except Tuberculosis and Cysticerci.</u>				
Whole carcasses condemned	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	55	Nil	Nil	Nil
Percentage of the number inspected affected with disease other than tubercu- losis and cysticerci	20.91	Nil	Nil	Nil
<u>Tuberculosis only.</u>				
Whole carcasses condemned	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	2
Percentage of the number inspected affected with tuberculosis ..	Nil	Nil	Nil	1.41
<u>Cysticercosis.</u>				
Carcasses of which part or organ was condemned	Nil	Nil	Nil	Nil
Carcasses submitted to treat- ment by refrigeration	Nil	Nil	Nil	Nil
Generalised and totally condemned ..	Nil	Nil	Nil	Nil



## SECTION F.

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

There was again a considerable decrease in the notification of infectious diseases. This was largely due to a decline of measles (from 159 last year to 13 this year).

MEASLES. Following its usual biennial incidence there were less notifications, and the figure showed a smaller number than in 1959, when there were 159 notifications. The disease, like scarlet fever appears to be becoming more benign in character. Its infectivity remains, however, very high, and few attain adult life without suffering from the disease. Occasional complications such as pneumonia, ear and eye infections do still occur, especially in those whose general health was poor at the time of infection.

SCARLET FEVER. 20 cases were notified. This disease continues in its mild phase. Its principle interest is that it gives a rough indication of the amount of streptococcal infection in the community.

WHOOPING COUGH. Three cases were notified. This is another condition which is becoming largely more benign, and the number of cases are declining. To young infants, however, whooping cough can be a serious and distressing illness, and the policy of many practitioners and the County Council in promoting early immunization to this condition, will, it is hoped, prevent early onset and cause an ultimate decline in incidence.

DYSENTERY. 13 cases of Sonne dysentery were notified. All were mild, and had no complications. Most cases were isolated, and no outbreaks occurred.

POLIOMYELITIS. Once again the District had no cases. The immunization of large numbers continued throughout the County and a total of 1276 were immunized, with a further 1594 receiving their third injection. It is hoped that now a marked decline in incidence may follow.

FOOD POISONING. Three cases occurred.

#### 1. Salmonella Typhimurium.

This case was in a middle aged woman whose infection was contracted while she was on holiday in Belgium. The woman remained in her own home until she was free from infection, and as a result of observing strict hygiene precautions, under our instruction, there were no further cases.

2. & 3. Salmonella Dublin.

This infection occurred in a husband and wife who were infected from cattle. No further cases occurred.

TYPHOID FEVER. No cases occurred.

DIPHTHERIA. There were no cases.

PNEUMONIA. 4 cases were notified but there were 8 deaths. Respiratory infection continues to be a cause of much ill health and chronic suffering. A very marked decline in deaths from pneumonia has taken place since the discovery of the sulphonamides and antibiotics, however, in chronic sufferers from bronchitis and in the aged and debilitated, some cases do still prove fatal.

The incidence of chronic nasal catarrh often with the later development of sinusitis is still an all too common occurrence. Many schoolchildren still suffer from nasal catarrh. The cause is obscure and the need for research into this problem is stressed.

MENINGOCOCCAL MENINGITIS.

This case occurred in an infant of one year who was treated in hospital and made a good recovery.

SMALLPOX. Once again no cases were notified this year.

Notification of the following cases of infectious disease was received during the year.

DISEASE	M.	F.	Total	Rate per 1,000 population
Acute Primary Pneumonia	2	2	4	0.21
Whooping Cough	1	2	3	0.15
Measles ..	8	5	13	0.67
Scarlet Fever ..	9	11	20	1.03
Food Poisoning ..	1	2	3	0.15
Erysipelas ..	2	1	3	0.15
Puerperal Pyrexia	-	1	1	0.05
Meningoccal Infection	1	-	1	0.05
Dysentery ..	8	5	13	0.67
Total	32	29	61	



## IMMUNIZATION AND VACCINATION.

### SMALLPOX VACCINATION.

This year a total of 179 children received primary vaccination. This though showing an increase of 18 on last year still falls below the number desired, and in these days when the journey from a country, where smallpox is endemic, can be made in a few hours, the necessity for vaccination, particularly primary vaccination in the first year of life, is emphasized.

There was also a decrease (23) of persons receiving re-vaccination.

### DIPHTHERIA AND COMBINED PERTUSSIS AND TETANUS IMMUNISATION.

Total diphtheria immunization totalled 232 with 274 receiving their booster injections. This shows a decrease of 19 on last year's figures in primary immunization, but an increase of 162 reinforcing doses.

Small outbreaks of diphtheria have occurred in some parts of the country during the year and in nearly all the cases either there has been no immunization or a failure to accept the booster dose. The necessity for both primary and booster immunization is continually stressed by your Medical Officer, and it is only by maintaining a high percentage of immunization that a community remains free from diphtheria

The triple vaccine which includes both diphtheria whooping cough and tetanus (lockjaw) was introduced in all County Council clinics during the year. This vaccination is carried out early in infancy thereby helping to prevent some of the most distressing cases of whooping cough that usually occurs in young infants. Early vaccination however should be followed by reinforcing doses as duration of immunity to the first dose is limited.

### TUBERCULOSIS.

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

### SMALLPOX VACCINATION.

	<u>Under 1.</u>	<u>1.</u>	<u>2 - 4.</u>	<u>5 - 14.</u>	<u>15 or over.</u>	<u>Total.</u>
Primary	51	67	28	11	22	179
Re-vaccination	-	-	-	4	32	36

### POLIOMYELITIS VACCINATION.

<u>Under 1.</u>	<u>1.</u>	<u>2.</u>	<u>3.</u>	<u>4.</u>	<u>5-9.</u>	<u>10-14.</u>	<u>Total.</u>	<u>15 and over.</u>	<u>Third inj's All ages.</u>
11	155	44	16	5	40	42	313	963	1594

### DIPHTHERIA IMMUNISATION

	<u>Under 1.</u>	<u>1.</u>	<u>2.</u>	<u>3.</u>	<u>4.</u>	<u>5-9.</u>	<u>10-14.</u>	<u>Total.</u>	<u>Booster.</u>
Diphtheria Immunisation only.	14	4	3	-	1	1	-	23	122
Combined Diphtheria/ Whooping Cough	103	4	11	2	2	-	-	122	119
Triple	102	3	5	4	2	10	11	137	33
Total Diphtheria Immunisations	219	11	19	6	5	11	11	282	274
Whooping Cough only	2	1	2	-	-	-	-	5	-

### Number of Children who have completed a full Course of Diphtheria Immunisation.

Age at 31.12.60. i.e. Born in year.	<u>Under 1.</u> 1960	<u>1.</u> 1959	<u>2.</u> 1958	<u>3.</u> 1957	<u>4.</u> 1956	<u>5-9.</u> 1951- 1955	<u>10-14</u> 1946- 1950	<u>Total</u> <u>Under 15</u>
Number Immunised	88	200	232	217	185	1190	1151	3263



# T U B E R C U L O S I S .

## AGE AND SEX DISTRIBUTION OF NEW CASES AND DEATHS, 1960.

Age Groups	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M	F	M	F	M	F	M	F
0 - ..	-	-	-	-	-	-	-	-
1 - ..	-	-	-	-	-	-	-	-
5 - ..	-	-	-	-	-	-	-	-
15 - ..	-	-	-	-	-	-	-	-
20 - ..	-	-	-	-	-	-	-	-
25 - ..	-	1	-	-	-	-	-	-
35 - ..	-	1	-	-	-	-	-	-
45 - ..	-	1	-	-	-	-	-	-
55 - ..	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-
Total	-	3	-	-	-	-	-	-

MASS RADIOGRAPHY SERVICE  
No.1 Unit, Oxford Regional Hospital Board.

12. 9.60 - 15. 9.60.  
20.10.60 - 21.10.60.

Response from G.Webb & Sons Ltd.,  
Walgrave - 85%

Held on 4 sites

Summary of Work

		<u>Male</u>	<u>Female</u>	<u>Total</u>
No. of miniature films taken	..	376	440	816
No. recalled for large films	..	2	8	10
No. recalled for clinical examination		-	3	3
No. referred to chest clinic	..	-	2	2
No. previously examined by M.M.R.		228	280	508
No. not previously examined by M.M.R.		148	160	308

Results of cases referred to Chest Clinic.

Carcinomatosis	..	-	1	1
Sarcoidosis	..	-	1	1
		-	2	2

Results of cases clinically examined by the  
Medical Director but not referred to Chest Clinic.

Mitral disease	..	-	1	1
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Summary of newly discovered significant  
cases of tuberculosis.

<u>Group</u>		<u>No. examined</u>	<u>Active P.T.</u>	<u>Rate per thousand</u>	<u>Inactive P.T.</u>	<u>Rate per thousand</u>
Brixworth	..	294	-		-	
Spratton	..	157	-		-	
Pitsford	..	117	-		-	
Walgrave	..	248	-		-	
TOTAL	..	816				

Thanks are expressed to the Director of the Mass Radiography  
Unit for supplying these figures.

S E C T I O N    G.

F A C T O R I E S    A C T,    1937.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF  
THE FACTORIES ACT, 1937, FOR THE YEAR 1960.

CLASSIFIED LIST OF REGISTERED FACTORIES  
AS AT 31ST DECEMBER, 1960.

		Power	Non- Power
1.	Food manufacture ..	8	1
2.	Wearing Apparel :-		
	(a) Boots and Shoes	1	-
	(b) Outfitting	1	-
3.	Carpentry, Joinery & Sawmills	10	5
4.	Garages, Repair Shops & Engineers ..	11	5
5.	Laundries ..	3	-
6.	Plumbers ..	-	2
	TOTAL	34	13

PART I OF THE ACT.

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	43	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	34	15	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
	47	58	-	-



2.

CASES IN WHICH DEFECTS WERE FOUND.

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspec.	Referred by H.M. Inspec.	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	-	1	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	-	1	-	-	-

PART VIII OF THE ACT - OUTWORK.

Nature of Work	Section 110				Section 111	
	No. of out-workers in August list required by Sec. 110(i) (c)	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-whole some premises	Notices served	Prosecutions
Making Wearing Apparel	10	-	-	-	-	-
TOTAL	10	-	-	-	-	-

SUMMARY OF  
PUBLIC HEALTH INSPECTOR'S INSPECTIONS.

Housing	...	1642
Slaughter-houses and Butchers Shops		316
Bakehouses	...	2
Cafes	...	1
Shops	...	63
Factories and Workshops		58
Water Supplies	...	16
Infectious Diseases	...	19
Defective Premises	...	147
Pests Destruction	...	106
Tents, Vans and Sheds	...	95
Dairies	...	3
		<hr/>
		2,468
		<hr/>

NOTICES SERVED :-

Informal	- Section 92 Public Health Act, 1936	9
Statutory	-do-	Nil







